



# Nantucket Housing Authority

INCORPORATED 1984

3 MANTA DRIVE NANTUCKET, MASSACHUSETTS 02554 508-228-0296 Voice/TTY

[admin@nantuckethousingauthority.org](mailto:admin@nantuckethousingauthority.org)

## APPLICATION INFORMATION

FOR

### MIACOMET VILLAGE PHASE II

### NORQUARTA DRIVE

*Financed by the USDA Rural Development*

All questions on the application must be answered and the application signed before it can be processed. All information requested (complete income/expense figures; all assets; names, date of birth, and SS# for all household members, etc.) must be provided.

Your name will be placed on the waiting list as of the date and time the COMPLETED application is received at the office of the Nantucket Housing Authority. If you would like to file in person, office hours are Monday through Friday between 9:00 AM and 3:00 PM.

**\*IMPORTANT\*** Applications will be accepted at the Nantucket Housing Authority office, 3 Manta Drive, Nantucket, MA. on a first come, first considered basis.

To qualify, your annual household income must be at or below the following income limits:

Income Level	Total Household Members	1	2	3	4	5	6
Very Low		\$42,900	\$49,000	\$55,150	\$61,250	\$66,150	\$71,050
Low		\$66,000	\$75,450	\$84,850	\$94,300	\$101,850	\$109,400
Moderate		\$71,500	\$80,950	\$90,350	\$99,800	\$107,350	\$114,900

- \* All information will be verified prior to a housing offer.
- \* Rents at Miacomet Village II for the 15 Rental Assistance units are based on 30 percent of your monthly gross income. **Priority is given to Very-Low income households for the rental assistance units.**
- \* **Miacomet Village II is a SMOKE-FREE property.** This does not mean a smoker is ineligible or unqualified for housing. This means no smoking is allowed in the apartments and common areas.

Please call (508) 228-0296 voice/TTY if you have any questions or need assistance.

Thank you for your cooperation.

Renee H. Ceely, Executive Director



THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER





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## NANTUCKET HOUSING AUTHORITY

### NOTICE TO PUBLIC HOUSING APPLICANTS

Please be advised that as part of the final screening process of applications for public housing units owned by the Nantucket Housing Authority (NHA), the NHA will be accessing Criminal Offender Record Information (CORI) on all applicants and members of their households over the age of 17 years, from the Criminal History System Board of the Commonwealth of Massachusetts. This information includes any and all information relative to any criminal convictions, both felonies and misdemeanors, regardless of when the conviction occurred and any and all information relative to any criminal charges which are currently pending before the courts of the Commonwealth or any jurisdiction, including federal courts.

This CORI information will be used solely for the purpose of evaluating applicants for housing owned by the NHA, in order to further the protection and well-being of tenants of the Nantucket Housing Authority.

CORI Policy was adopted by the NHA Board of Commissioners on 10/26/05.



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# Smoke-Free Housing Policy

*The Nantucket Housing Authority finds that:*

**WHEREAS**, the Nantucket Housing Authority cares about the health, welfare and safety of all residents and rental facilities;

**WHEREAS**, numerous studies have concluded that exposure to smoke, direct or second-hand, is a serious health hazard that can cause adverse health conditions including, but not limited to, cancer, cardiovascular disease like stroke and coronary heart disease, respiratory illnesses, and asthma;

**WHEREAS**, smoking is a primary cause of home fire deaths;

**WHEREAS**, the elimination of smoking in buildings will reduce unit turnover costs. When apartments are vacated by smokers there are additional costs incurred for turnover due to stains, residue and odors caused by the cigarettes. Work can include additional treatment of walls and ceilings to cover smoke stains, additional painting, replacing carpeting, flooring, blinds, electrical lighting and cleaning of ducts and fans, and appliances;

**WHEREAS**, the protection of property from fires, odor or stain damage ensures the greatest availability of housing units.

**THEREFORE**, the Nantucket Housing Authority adopts this smoke-free housing policy for Miacomet Village I and Miacomet Village II.

## **Definitions:**

1. "Smoking" means inhaling, exhaling, breathing, or carrying or possessing any lighted cigarette, cigar, pipe or other tobacco product or other lighted product in any manner or in any form.
2. "Resident" means living in, or staying in buildings owned by the Nantucket Housing Authority.
3. "Employee" means manager, owner, representative, or worker of the Nantucket Housing Authority.
4. "Non-Smoking Area" means the premises to be occupied by Tenant and members of Tenant's household, and all common areas of federal and state-aided public housing developments, including but not limited to community rooms, offices, lobbies, hallways, restrooms, laundry rooms, stairways, reception areas and shared building entries.
5. "Drifting Smoke Nuisance" means exposure to second-hand smoke that migrates from outside and drifts into an open door or window of a neighboring apartment, thereby causing an adverse health condition inside the neighboring unit.

**Smoke-Free Policy:**

1. *Effective on November 1, 2014 smoking is prohibited anywhere inside the buildings owned by the Nantucket Housing Authority, defined above as a "non-smoking area". Smoker(s) shall be thoughtful of creating a "Drifting Smoke Nuisance", as defined above, when smoking outside near open doors and/or windows and extinguish the cigarette or other lighted product when asked to do so or relocate so that the nuisance is mitigated.*
2. *This policy applies to all current and new residents, all employees, and guests at all times.*
3. *Failure of any resident to follow the smoke-free policy will be considered a lease violation and treated as such under the original terms of the lease. Repeated lease violations may result in termination of the resident's lease.*
4. *"No Smoking" signs will be posted inside all common-areas.*
5. *If a resident smells tobacco smoke or smoke from any other lighted product in any place in the building(s), they will report this to the Executive Director of the Nantucket Housing Authority as soon as possible.*
6. *The Nantucket Housing Authority will enforce the smoke-free policy and will respond as soon as possible to secondhand smoke complaints on the property.*
7. *Upon adoption of the smoke-free policy, all new and current residents will be given a copy of this Smoke-Free Policy.*
8. *Upon adoption of the smoke-free policy, all new and current residents will sign the Non-Smoking Lease Addendum. A signed copy will be placed in the resident's file and a copy given to the Head of Household.*
9. *This Nantucket Housing Authority Smoke-Free Policy shall be communicated to all current staff and residents 30 days prior to its effective date, and at a time of employment for all employees and prior to admission and/or prior to the signing of any lease agreements.*

***This policy is effective on November 1, 2014.***

Signed:



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*Renee H. Ceely, Executive Director, Nantucket Housing Authority*

Date:

*Approved at a Meeting of the Nantucket Housing Authority held July 23, 2014*

**APPLICATION FOR MIACOMET VILLAGE II  
NORQUARTA DRIVE**

**FOR OFFICE USE ONLY**

DATE OF RECEIPT \_\_\_\_\_

TIME OF RECEIPT \_\_\_\_\_

INCOME CATEGORY \_\_\_\_\_

BEDROOM SIZE \_\_\_\_\_

WAITING LIST # \_\_\_\_\_

YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW, CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT. (If you need assistance in filling out this form, please make a request and assistance will be provided. Please provide both your current physical & mailing address)

I. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ How long at this address? \_\_\_\_\_

Mailing Address \_\_\_\_\_

II. **HOUSEHOLD COMPOSITION:** List all persons who will be living in your household, even members who would live there on a part-time basis. List head of household first.

Legal Names of Household Members	Relationship to Head	Sex	Date of Birth	Full Time Student	Social Security Number
	HEAD				

BEDROOM SIZE REQUESTED: \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3 Bedroom

**III. CURRENT EXPENSES:** Expenses which may qualify as an adjustment to income must be verified.

RENT:	HEALTH INSURANCE:	MEDICAL:
UTILITIES:	CHILD CARE:	HANDICAP:
TV(cable/satellite):	HEALTH INSURANCE:	LOANS:
INTERNET:	TRANSPORTATION:	CELLPHONE:

**IV. TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), worker's compensation, retirement benefits, AFDC, veterans' benefits, rental property income, stock dividends. LIST AMOUNTS RECEIVED BELOW AND THE SOURCES OF ALL INCOME.

HOUSEHOLD MEMBER	EMPLOYER/ INCOME SOURCE	TOTAL MONTHLY WAGES	AFDC	MONTHLY CHILD SUPPORT	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

TOTAL GROSS ANNUAL INCOME: \_\_\_\_\_

**V. ASSETS:** If yes to any, list below.

1. Cash on Hand: \_\_\_\_\_
2. Do you or any household member own or have any interest in any real estate, life insurance, IRA's, stocks, bonds, boat, mobile home, or other form of capital? \_\_\_\_\_ If yes, please list the value. \_\_\_\_\_
3. Have you or any household member disposed of any assets for less than fair market value in the last two years? \_\_\_\_\_

List all bank accounts for all household members

NAME	BANK	TYPE	ACCT. #	AMOUNT

**VI. HOUSEHOLD INFORMATION:**

1. Does any member of the household require a handicap accessible unit or request a disability adjustment to income? Yes \_\_\_ No \_\_\_ If so, please describe requirements.
2. Does anyone outside of your household pay for any of your bills or give you money? \_\_\_\_\_ If yes, explain.
3. Have you or any other adult members ever used any name(s) and/or social security number(s) other than the one you are currently using? \_\_\_\_\_ If yes, explain.
4. Have you or any member lived in any assisted housing? \_\_\_ Is yes, please provide previous landlord and housing information.
5. Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_\_\_ If yes, explain.
6. List any criminal history information.
7. Name, address, phone number of individual to be contacted in case of an emergency.
8. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? \_\_\_\_\_ If yes, explain.

I certify that the apartment for which I am applying will be my and members of my household's primary residence and I/we will not maintain a separate, subsidized unit in a different location.

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, do hereby swear and attest that all of the information above is true and complete to the best of my knowledge.

I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the housing agency in **WRITING IMMEDIATELY**.

I authorize inquiries to be made to verify the statements above and consent to release wage matching data to RHS and the Nantucket Housing Authority upon request.

\_\_\_\_\_  
Signature of Head                      Date

\_\_\_\_\_  
Signature of Co-Head                      Date

\_\_\_\_\_  
Signature of other adult                      Date

\_\_\_\_\_  
Management Agent                      Date

\*\*\*\*\*



## Racial Status

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

### Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

### Race: (Mark one or more)

1. American Indian or Alaskan Native \_\_\_\_\_
2. Asian \_\_\_\_\_
3. Black or African American \_\_\_\_\_
4. Native Hawaiian or other Pacific Islander \_\_\_\_\_
5. White \_\_\_\_\_

### Gender:

Female \_\_\_\_\_

Male \_\_\_\_\_